# FORM D Amendment FER Z3 2007

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMR APPROVAL
OMR Number: 3235-0076
Expires:
Estimated average burden
Hours per response....16.00



**ATTENTION** 

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	predicated on the ining of a federal notice.	
<b>-</b> -	s is an amendment and name has changed, and indicate change)	
\$525,049.95 Common Stock Offer		····
Filing Under (Check box(es) that ap	oply): 🗌 Rule 504 🔲 Rule 505 🔯 Rule 506 🔲 Sectio	n 4(6) 🔲 ULOE
Type of Filing: New Filing	Amendment	. <u>.</u>
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested a		
	s an amendment and name has changed, and indicate change)	
SHIELDZONE CORPORATION		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number
	3855 So. 500 W., Suite J	(801) 263-699
	Salt Lake City, Utah 84115	
Address of Principal Business Opera	rations (Number and Street, City, State, Zip Code)	Telephone Number
(if different from Executive Offices)	)	( )
Brief Description of Business		
	gadget scratch protection kit called the invisible SHIELD.	
Type of Business Organization		
□ corporation	limited partnership, already formed other (please specify): li company	PROCESSE
	Company	PROCEOU
business trust	☐ limited partnership, to be formed	
	Month Year	MAR 0 2 2007
Actual or Estimated Date of Incorpo	oration or Organization: 0 3 0 5 🛮 Actual	Estimated
State:	anization: (Enter two-letter U.S. Postal Service abbreviation for	THOMSON FINANCIAL
	CN for Canada; FN for other foreign jurisdiction)	T
GENERAL INSTRUCTIONS	120 E-201	····

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to this notice constitutes a part of this notice and must be completed.

	A	. BASIC IDENTIFIC	CATION DATA		· · · · · · · · · · · · · · · · · · ·
2. Enter the information requ	uested for the following	ng:			
		as been organized with			
Each beneficial owner securities of the issue		vote or dispose, or di	rect the vote or disp	osition of, 10% or m	ore of a class of equity
			orporate general and	managing partners of	of partnership issuers; and
Each general and ma	naging partner of part	nership issuers.			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
CORE FUND MANAGEME	NT				
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)	)		
3120 NW METKE PLACE	<u>, BEND, OREGON</u>	97701			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
LESLIE PHAIRAS					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code	)		
1615 MEADOW ROAD, CH	ICO, CALIFORNIA	N 95926			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
ROBERT GARFF					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code	)		
1 LEEWARD GLEN, LAF	AYETTE, CALIFO	RNIA 94549			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
JW ROTH					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code	)		
15975 WINDING TREE RO	AD, COLORADO S	PRINGS, COLORAI	DO 80901		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
ROBERT S. COLMAN TRU	ST				
Business or Residence Addres	s (Number and Street	, City, State, Zip Code	)		
300 TAMAL PLAZA, SUITI	E 280, CORTE MAI	DERA, CALIFORNIA	A 94925		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Street	, City, State, Zip Code	)		
		- ,			
	(Use blank sheet, or	copy and use additions	al copies of this she	et, as necessary)	<u></u>

_					В. І	NFORMA	TION AB	OUT OFFI	ERING				<del></del>
					Answer als	ll, to non-a o in Appen epted from	dix, Colum	n 2, if filing		g? OE	,,,,,,,	Yes	No ⊠
	4. Enter (	the inform	ation requ similar ren	ested for e	ach persor for solicit	who has lation of p	been or will urchasers in	l be paid o	r given, dir on with sal	les of secu	directly, any rities in the		No
_	with a person	state or st s of such a	ates, list that broker or	ne name of	the broker		If more th	an five (5)	persons to	be listed ar	SEC and/or e associated		
	i un rame	. (Last Han	11131, 11 1	iliai viaaai)									
_	Business of	or Residen	ce Address	s (Number	and Street,	City, State,	, Zip Code)						
Ī	Name of A	Associated	Broker or	Dealer									
	States in V	Vhich Pers	on Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	S					
	(Check "	All States	or check	individual	States)					••••••	••••••		All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [Ml] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
7	• • • • • • • • • • • • • • • • • • • •	(Last nan		ndividual)				·····			•		<u> </u>
	Business o	or Residen	ce Address	s (Number a	and Street,	City, State,	, Zip Code)			·			
	Name of A	ssociated	Broker or	Dealer						<del></del>			
1	States in V	Vhich Pers	on Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	s					
	(Check ".	All States'	or check	individual :	States)	***********	******************	•••••	***************************************				All States
	[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
+	[RI] Full Name	[SC] (Last nan	[SD] ne first, if i	[TN] ndividual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	Business o	r Residen	ce Address	(Number a	and Street,	City, State,	Zip Code)						
	Name of A	ssociated	Broker or	Dealer									
	States in W	Vhich Pers	on Listed I	Has Solicite	ed or Inten	ds to Solici	t Purchaser	<u> </u>					
	(Check "/	All States'	or check i	individual S	States)	***************	***************************************				••••••		All States
l		[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	Enter the aggregate offering price of securities included in this offering and the total amount already					
	sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and					
	Type of Security	,	Aggreg Offering		A	mount Already Sold
	Debt	\$	Officially 0		\$	0
•	Equity	\$	525,04		. \$	525,049.95
	☐ Preferred (see below, Convertible Securities)	•			. *	
Con	vertible Securities:	\$	0		\$	0
	Partnership Interests	\$	0		\$	0
	Other (Specify)	\$	0		\$	0
	Total	\$	525,04	9.95	\$	525,049.95
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."					
			Number Investor			Aggregate Dollar Amount Of Purchases
	Accredited Investors		5		\$	525,049.95
	Non-accredited Investors	0				0
	Total (for filings under Rule 504 only)		0		\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.					
5	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.					
	Type of offering		Type o		I	Dollar Amount
	D 1 505		Securit	У		Sold
	Rule 505					
	Regulation A					<del></del>
	Rule 504					
	Total		<del></del>			
S	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$	0
	Printing and Engraving Costs.		******		\$	0
	Legal Fees (for issuer's counsel)		*****	$\boxtimes$	\$	5,000
	Accounting Fees				\$	0
	Engineering Fees				\$	0
	Sales Commissions (specify finders' fees separately)(if placement agents are engaged)				\$	0
	Other Expenses (identify) Other service fees			$\boxtimes$	\$	0
	Total				¢	5 000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMBER OF INVESTOR	DRS, EXPENSE	S AND	) USI	E OF PROCI	EEDS		
b. Enter the difference between the aggregate offering price given ir total expenses furnished in response to Part C – Question 4.a. This dift to the issuer."	ference is the "a	djusted	gros	s proceeds	:	<b>.</b>	520,049.95
5. Indicate below the amount of the adjusted gross proceeds to the issuer the purposes shown. If the amount for any purpose is not known, furthe left of the estimate. The total of the payments listed must equal the set forth in response to Part C – Question 4.b. above.	rnish an estimate	and cl	neck	the box to			
			D	ayments to Officers, pirectors & Affiliates		Pa	yments To Others
Salaries and fees			\$	0		\$	0
Purchase of real estate			\$	0		\$	0
Purchase, rental or leasing and installation of machinery and equipment			\$	0		\$	0
Construction or leasing of plant buildings and facilities			\$	0		\$	0
Acquisition of other businesses (including the value of securities involved Offering that may be used in exchange for the assets or securities of anoth pursuant to a merger)	er issuer		\$	0	П	\$	0
Repayment of indebtedness			\$	0	n	\$	0
Working capital (includes product licensing and advertising and marketing			\$	0	$\boxtimes$	\$	520,049.95
Other (specify):						\$	
Column Totals			\$ \$	0		\$ \$	0 520,049.95
Total Payments Listed (column totals added)						\$	520,049.95
D. FEDERAL S	IGNATURE						
The issuer has duly caused this notice to be signed by the undersigned following signature constitutes an undertaking by the issuer to furnish to fits staff, the information furnished by the issuer to any non-accredited in	the U.S. Securit	ies and	Excl	ange Commi	ssion, u		
ssuer (Print or Type) SHIELDZONE CORPORATION	Signature				Dat Fel		-y <u>2</u> 2, 2007
Name of Signer (Print or Type)	Title of Signer						
ROBERT G. PEDERSEN, II	CHIEF EXEC	UTIVI	COF	FICER	I		

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)

ř.			
	E. STATE SIGNATURE		
I. Is any party described in 17 CFR 230.262 preset	ntly subject to any of the disqualification provisions of such rul	e? Yes	No ⊠
See A	Appendix, Column 5, for state response.		
2. The undersigned issuer hereby undertakes to furn D (17 CFR 239.500) at such times as required by	ish to any state administrator of any state in which this notice is state law.	filed, a notice o	n Form
The undersigned issuer hereby undertakes to furnito offerees.	ish to the state administrators, upon written request, information	furnished by the	e issuer
Offering Exemption (ULOE) of the state in white exemption has the burden of establishing that thes		the availability	of this
The issuer has read this notification and knows the undersigned duly authorized person.	contents to be true and has duly caused this notice to be signed	ed on its behalf	by the
lssuer (Print or Type) SHIELDZONE CORPORATION	1 3 3 - 1 1	Date February 20	07
Name of Signer (Print or Type) ROBERT G. PEDERSEN, II	Title of Signer (Print or Type) CHIEF EXECUTIVE OFFICER		
			•
	under his signature for the state portion of this form. One copy of signed must be photocopies of the manually signed copy or bear		

signatures.

## APPENDIX

1	Intend non-ac investor	to sell to credited s in State – Item 1)	3 Type of security and aggregate offering price offered in state (Part C – Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR	ļ								
CA		X	Common Stock \$525,049.95	3	\$250,049.95	0	0		x
со		X	Common Stock \$525,049.95	<b>L</b>	\$25,000	0	0		X
СТ					<u></u>				
DE	1	į							
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MN									
MS									

APPENDIX

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1	Intend non-ac investor	to sell to credited s in State – Item 1)	3 Type of security and aggregate offering price offered in state (Part C – Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
мо									ļ
МТ									
NE			_						
NV								<u> </u>	
NH				·					
NJ									
NM									
NY									
NC									
ND									
ОН									
ок									
OR		X	Common Stock \$525,049.95	1	\$250,000	0	0		Х
PA									
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TN							ļ	<u> </u>	
TX									
UT									
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END

PR